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Docket No.: SON-2043  
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Patent Application of:

Shuzo SATO, et al.

Examiner: T. Mackey

Application No.: 09/800,580

Art Unit: 1765

Filed: March 8, 2001

*Confirmation No.: 5367*

For: METHODS OF PRODUCING AND POLISHING SEMICONDUCTOR DEVICE  
AND POLISHING APPARATUS

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**AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION**

**MS NON-FEE AMENDMENT**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

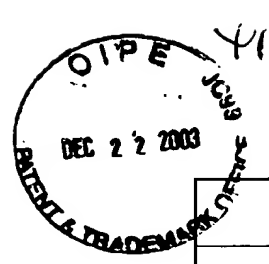
Dear Sir:

**INTRODUCTORY COMMENTS**

In response to the Office Action dated October 14, 2003 (Paper No. 12), please amend the above-identified U.S. patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

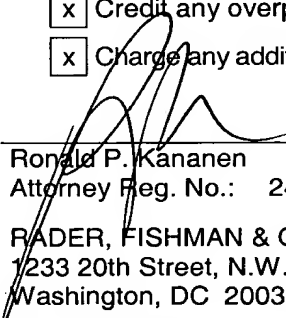


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AMENDMENT TRANSMITTAL LETTER				Docket No. SON-2043	
Application No. 09/800,580		Filing Date March 8, 2001		Examiner T. Mackey	
Art Unit 1765					
Applicant(s): Shuzo SATO, et al.					
Invention: METHODS OF PRODUCING AND POLISHING SEMICONDUCTOR DEVICE AND POLISHING APPARATUS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	52	- 111 =		x	0.00
Independent Claims	3	- 9 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Ronald P. Kananen Attorney Reg. No.: 24,104 RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W., Suite 501 Washington, DC 20036 (202) 955-3750 Customer No. 23353				Dated: <u>December 22, 2003</u>	